

Application for Cancellation of Removal  
for Certain Permanent Residents

PLEASE READ ADVICE AND INSTRUCTIONS  
BEFORE FILLING IN FORM

PLEASE TYPE OR PRINT

Fee Stamp

PART 1 - INFORMATION ABOUT YOURSELF

1) My present true name is: <i>(Last, First, Middle)</i>		2) Alien Registration Number:		
3) My name given at birth was: <i>(Last, First, Middle)</i>		4) Birth Place: <i>(City, Country)</i>		
5) Date of Birth: <i>(Month, Day, Year)</i>	6) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	7) Height:	8) Hair Color:	9) Eye Color:
10) Current Nationality & Citizenship:	11) Social Security Number:	12) Home Phone Number: ( )	13) Work Phone Number: ( )	
14) I currently reside at:  <i>Apt. number and/or in care of</i> <i>Number and Street</i> <i>City or Town</i> <i>State</i> <i>ZIP Code</i>		15) I have been known by these additional name(s):   		

16) I have resided in the following locations in the United States: (List PRESENT ADDRESS FIRST, and work back in time for at least 7 years.)

Street and Number - Apt. or Room # - City or Town - State - ZIP Code	Resided From: <i>(Month, Day, Year)</i>	Resided To: <i>(Month, Day, Year)</i>
		PRESENT

PART 2 - INFORMATION ABOUT THIS APPLICATION

- 17) I, the undersigned, hereby request that my removal be canceled under the provisions of section 240A(a) of the Immigration and Nationality Act (INA). I believe that I am eligible for this relief because I have been a lawful permanent resident alien for 5 or more years, have 7 years of continuous residence in the United States, and have not been convicted of an aggravated felony. I was admitted as or adjusted to the status of an alien lawfully admitted for permanent residence on \_\_\_\_\_  
(date)
- at \_\_\_\_\_  
(place)